U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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1 File Number U - 9

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name RALPH T BRUNS 3 4 5 4 5	Name GRAPHIC COMMUNICATION INT'L UNION LOCAL 6-505M	
	Labor Organization File Number 064-088	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
Street 105 PROGRESS PARKWAY	Street 105 PROGRESS PARKWAY	
City MARYLAND HEIGHTS	City MARYLAND HEIGHTS	
State Missouri ZIP Code + 4 63043 ET (A)	State Missouri ZIP Code + 4 63043	
5 Position in labor organization VICE-PRESIDENT (A) (A) (A)		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income	
Name Same Same Same Same Same Same Same S	a second	
Trade Name, If any	State of the state	
P O Box, Bldg , Room No , if any	7 b Amount.	
Street , , , , , , , , , , , , , , , , , ,		
City 6		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed Signed Steen	0. [6 (2) 4) 0.70 (5) 6	
Signed / July / Dure	On 8/1:2/05 (314) 878-4616 Telephone Number	

Name of Person Filing RALPH BRUNS	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Control of the c		
Trade Name, if any	a Labor Organization b Trust	
PO Box, Bldg , Room No , If any	c Employer	
Street	o cimpoyo.	
City		
State ZIP Code + 4		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name		
Trade Name, if any		
PO Box, Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of interest held or income received	
State ZIP Code + 4 7 5		
,	12 b Amount	
12 b Arnount		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	
Name SCHUCHAT, COOK & WERNER	2 BASEBALL TICKETS IN 5/04	
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street 1221 LOCUST STREET		
City ST. LOUIS		
State Missouri ZIP Code + 4 63103" %		
13 b Is the Business an Employer or Consultant 2 7	14 b Amount of payment \$80	